Good evening Senator McCrory, Representative Currey, Senator Berthel, Representative McCarty, and members of the Education Committee.

My name is Patricia Donovan, I'm a resident of Fairfield and I am testifying in **support of SB 1097**, **An Act Concerning School Nurses** and **HB 6759, Section 4.**

This testimony marks almost 10 years now that I have been advocating and testifying before you on behalf of students with special healthcare needs. My support of HB 1097 stems from my experience as a parent who relied on school nurses to keep my children safe in school (two of my three have multiple life-threatening food allergies) and my experience now as an advocate representing families of children with special healthcare needs in the K-12 system. It is imperative that the state update the regulations for school nursing and the required educational level as the needs of our school aged children has changed drastically over the last 40 years. Nurse testimony already provided to you details the types of care and procedures they are now responsible for. Can you imagine not updating the teaching regulations of your teachers for 40 years?

By creating the special services endorsement for our nurses, and putting them on a par with the other licensed professionals in the building, nurses would finally be regarded as the valuable team members that they are, and provide for the creation of standardization in their training and workforce development. School nurses come from many different areas of practice and get little to no training on working in a school environment, they are often alone in their practice and not connected regularly to their

fellow practitioners to share best practices and ideas. We need to do better to support nurses and our students.

As a parent and an advocate, when I meet with schools I always ask the school nurse to be invited as one of the 504 or PPT team members. As I represent students with special healthcare needs, you would think that this is normal procedure, but more often than not school administrators do not include the nurse, who is undoubtedly a required member of a *knowledgeable team* under Section 504 and IDEA. School nurses are imperative to the training and education of staff in the continuity of care of our students, to putting in place protocols and standards for our students to access their physical spaces, their curriculum and extra curricular activities – all important to a child's development and education. Nurses also serve to keep data that help inform school teams to implement different or new accommodations.

Too many times I have noticed a substantive difference between nurses from public health nursing and BOE nurses. BOE nurses are more familiar and better integrated into the educational environment than public health nurses. BOE nurses are more willing to go into a class and educate students and weigh in on school policy that affects student health. Public health nurses tend to consider themselves outside the educational system, providing a health service component only. We need all nurses to feel like equal partners in our schools and to feel able to impart their expert knowledge in meetings, on policy and on student health.

Our nurses are undervalued. School nurses, the School Nurse Advisory Council and the school health survey are **leading indicators** to what student needs are and can help schools be proactive instead of reactive. The school health survey showed for

years prior to the pandemic, that student mental health needs were increasing, even at the youngest levels. We did not listen, we did not prepare and the pandemic only exacerbated this trend. In addition, school nurses were not invited to the table in developing the CT school pandemic protocols and had to petition the State for a voice. We need to leverage the health professionals we already have in place in our schools in support of our students. **All of our surrounding states already recognize this and license, prepare and train their school nurses to work in an educational environment.**

I would like to publicly thank all of our school nurses for the work they do in caring for our children and keeping them in their education.

I am also testifying in **support of HB 6759, Section 4** which allows licensed childcare programs to maintain and administer stock epi injectors to children who are undiagnosed. I am glad that this barrier has been identified and that the OEC is in support of removing it. The entity stock epi law PA 19-19 was supposed to allow this already. Children and families who need epinephrine already face enough barriers with exorbitant pricing and access to specialists. However, this legislation needs to go further and **extend the K-12 Guidelines on the Management of Food Allergy in schools to the universe of childcare programs as so often first reactions happen in a child's early years.** The framework defined in the Guidelines requires a plan be published or available based on:

1) **Education and training for personnel** on the management of students with life threatening food allergies including training related to the administration of medication with a cartridge injector and procedures for responding to life-threatening allergic reactions; Responding is not just administering medication and calling 911, it includes the script necessary to make sure the ambulance that arrives is equipped with epinephrine and has someone who can administer it, and reviewing events after they happen to reduce the risk of a future reaction;
2) **Processes for the development of individualized health care and emergency action plans** for students with life-threatening food allergy;
3) **Protocols to prevent exposure** to food allergens.
4) **Training on the identification and evaluation of students** with life-threatening allergies
5) **Training and procedures for feeding children with food allergies**

Unlike the k-12 Guidelines, we need to mandate training of all personnel in all licensed programs. Training can be online with a vetted program, many are found on the FARE (Food Allergy Research and Education) site www.foodallergy.org

Like Elijah's Law in NY Elijah's Law, we need comprehensive regulations that ensure child care facilities take concrete steps and train their staff to manage food allergies for the children in their care, both those with diagnosed allergy and those who may have their first reaction on site.

Please delete the following language from the bill HB 6759, Section 4:

“The parent or guardian of a child may submit, in writing, to such child's
provider of child care services, that epinephrine shall not be administered to such child pursuant to this section.”

Why is this language even proposed? Liability is not an issue if providers are trained per the statute on good samaritans and why would we not want a child in distress treated? Please know that a child in anaphylaxis can succumb very quickly and die while waiting for an ambulance to arrive. Epinephrine is the only medication that can stop anaphylaxis (severe allergic reaction). Epinephrine injectors are pre-measured doses, very safe and now even available in doses for infants. Injectors are made specifically for lay people to use and all research shows that early administration leads to better outcomes and pre-ambulance use leads to fewer doses. With all that we know this language makes no sense for the health of a child (It is also in the k-12 guidance and is opposed by school nurses).

Thank you all for your attention to these issues and for your past support of food allergy supportive legislation. I am happy to answer any questions you may have.

Sincerely,

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